



Health Care Access for All

August 6, 2012

Janette Casillas
Executive Director
The California Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814

RE: Transition of HFP Subscribers to Medi-Cal Draft Transition Plan

Dear Ms. Casillas,

The California Primary Care Association (CPCA) appreciates the opportunity to comment regarding the Transition of Healthy Families Subscribers to Medi-Cal Draft Transition Plan (the Plan). The California Primary Care Association represents more than 800 not-for-profit community clinics and health centers in California that provide comprehensive, quality health care services to primarily low-income, uninsured, and underserved Californians. The Healthy Families Program (HFP) has successfully served California's children for nearly fifteen years by providing low cost health, dental, and vision coverage, and CPCA seeks to continue partnering with HFP and MRMIB to ensure as seamless and successful a transition as possible. As you are aware, CPCA was a part of the larger coalition of stakeholders who advocated against the elimination of HFP. We understand and share your deep commitment to ensuring that California's children continue to receive quality medical, dental, and vision care as they transition to Medi-Cal and look forward to working with you toward that end.

We are generally supportive of the Draft Transition Plan and appreciate the thoughtfulness it demonstrates; however, we wish to further emphasize several issues, including the importance of ensuring adequate provider coverage and continuity of care.

We respectfully submit the following comments:

Member Notices

CPCA supports the active, comprehensive outreach scheme outlined in the Plan and the level of preparedness demonstrated by the Call Center Scripts. We also support the inclusion of public and stakeholder input. However, to ensure that clear, comprehensive, and correct information is disseminated to the transitioning families, it is critical to ensure that all communications are culturally and linguistically sensitive. It is also critical to include health care providers as key players in the development of outreach and education plans, given that beneficiaries will naturally turn to their providers for information regarding their health care coverage status.

Recommendation

CPCA recommends including a comprehensive notice plan targeted at providers as well as patients, so that providers will be aware of the upcoming transition and when it will impact their patients. CPCA also recommends including a comprehensive education plan targeted specifically at providers. These two measures will help ensure that patients and providers are on the same page, and will help enable providers to answer questions and concerns from their patients. Additionally, all written communications sent to beneficiaries should be written for a low-literacy audience and be made available in all Medi-Cal threshold languages.

Plan Coordination (Health, Dental, & Vision)

CPCA is very supportive of the Plan's proposal to hold joint and coordinated meetings between MRMIB, DHCS, and the Health, Dental, and Vision plans, and to conduct a network analysis. It is also important to work closely with and include community clinics, health centers, and public hospitals in the process, as they will be responsible for absorbing the influx of these children. Additionally, we appreciate the focus on maintaining continuity of plans for children where possible, but there should also be a strong focus on continuity of *provider*, not just continuity of plan.

Providing for comprehensive dental care is essential to ensuring a successful transition, and we strongly urge that adequate dental care be a priority in the Plan. Cutting back on dental care for children will only cause additional cost to the state in the long term, as emergency room visits for preventable dental problems cost the State \$55 million in 2007.¹

Recommendation

CPCA recommends that MRMIB and DHCS integrate community clinics and health centers in the transition planning and include these stakeholders and providers in the health plan network analysis. We also recommend that the focus not be entirely on providing continuity of plan for transitioning children, but continuity of provider where at all possible, to ensure the least amount of disruption and confusion for families as they transition. Further, CPCA strongly recommends that MRMIB and DHCS work towards ensuring that children, once transitioned, will have access to dental care by expanding the network of private providers to cover the influx of children.

Administrative Vendor Changes

We are appreciative of the Plan's acknowledgment of the anticipated increase in call volume, and support the development of a plan to address these additional calls. The inability of a beneficiary to get through the call system or to have to endure exorbitantly long wait times will only add to the confusion of the transition and the rights and responsibilities of families regarding their children's coverage. Further, culturally and linguistically appropriate staff should be available to field calls, and beneficiaries should be made aware of this assistance.

Recommendation

CPCA recommends dedicating additional staff to field the influx of calls regarding the transition, and to have these additional staff trained and in place *before* any children are transitioned. Call staff should be culturally and linguistically trained to handle a diverse beneficiary population and ensure cultural competency and sensitivity in all interactions with beneficiaries. Further, we recommend the formation of a Systems Taskforce that will work towards coordinating between vendor and the plans to handle the high volume of IT transactions and help resolve the risks to beneficiaries associated with potential systematic "glitches." Additionally, the Taskforce can aid in fielding questions from providers as well as beneficiaries, as providers will be getting a lot of questions from their patients and will also need a source of information.

Outstanding Policy Issues

CPCA supports the Plan's goal of working with DHCS to ensure that families with income greater than 150% FPL who transition to Medi-Cal in the month that they would have had a free month had they still

¹ Emergency Department Visits for Preventable Dental Conditions, a report by the California Healthcare Foundation <http://www.chcf.org/publications/2009/03/emergency-department-visits-for-preventable-dental-conditions-in-california#ixzz1jm7RXanD>.

been in Healthy Families will still receive that month free in Medi-Cal. Requiring these families to pay a Medi-Cal premium unfairly penalizes them and denies them a benefit which they have earned and were promised.

Recommendation

CPCA strongly urges MRMIB to continue working with DHCS to develop a plan to waive premiums for this group of families and ensure that they receive the fourth month free benefit which they have earned.

Recommended Transition

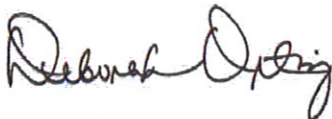
CPCA strongly supports the Plan's proposal to take a monthly staggered approach to transitioning children within each phase rather than transitioning all children within a phase at one time. This approach will help to reduce the potential for glitches in MEDS, administrative burden, and excessive calls. However, the transition timeline is tight, even taking a staggered approach, thus a system needs to be in place to handle systematic amendments that must be made in order for the transition to successfully move forward.

Recommendation

CPCA suggests forming a task force that would be responsible for monitoring the staggered transition and addressing any issues, glitches, and confusion that results from transitioning the first group of children on January 1, 2013. The task force can also work towards crafting and implementing amendments to the system as needed as the transition progresses and help quickly and systematically resolve problems moving forward.

We appreciate the ability to offer comments on the Transition Plan. If you have any questions about these recommendations, please do not hesitate to contact Associate Director of Policy, Meredith Carr, at (916) 440-8170 or mcarr@cpca.org. Thank you for your attention and consideration.

Sincerely,



Deborah Ortiz
Vice President of Government Affairs
California Primary Care Association